

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	DT		8-7-00
O.I.P.E. CLASSIFIER			8/15/00
FORMALITY REVIEW	2H	00150	9/15/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ... Canceled  
 ÷ ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1		2	
2		12	
3		01	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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